

Michigan Department of Community Health  
**Board of Nursing**  
P.O. Box 30193  
Lansing, Michigan 48909  
(517) 335-0918

## REGISTERED NURSE LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Nursing. Questions regarding your application can be directed to the Michigan Board of Nursing at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

### INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. You must submit the application for licensure, all supporting documents requested, and the appropriate fee to the Board of Nursing to determine eligibility to sit for the exam. **ELIGIBILITY FOR THE EXAM IS DETERMINED SOLELY BY THE MICHIGAN BOARD OF NURSING AND IS SEPARATE FROM REGISTERING FOR THE EXAM WITH PEARSON PROFESSIONAL TESTING (PPT).**
2. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may delay the processing of your application.
3. Provide all information requested on the application. **YOUR NAME MUST APPEAR EXACTLY AS IT IS ON THE PICTURED I.D. YOU WILL BE USING TO TAKE THE EXAMINATION** (*Driver's License, State I.D., Passport, Immigration Card*). Canadian applicants requesting a temporary license need to check the "Temporary License" box and complete the Affidavit for Temporary Licensure at the end of the application.
4. An application accompanied by the appropriate fee is valid for three years. If an applicant fails to complete the requirements for licensure within three years from the date of filing the application, the application is no longer valid.
5. School Certification--Michigan graduates must have the school submit a Michigan Nursing School Certification form directly to the Michigan Board of Nursing. Out of State graduates must have the school submit transcripts to the Michigan Board of Nursing.
6. An applicant who is a graduate of a nurse education program that is located outside of the United States, has passed the NCLEX examination, and has maintained an active license with no disciplinary sanctions for at least 5 years immediately preceding the application for a Michigan license is not required to obtain CGFNS certification. An individual who meets these criteria should apply for Michigan RN licensure by endorsement. Please request a nursing endorsement application by e-mail at [bhphelp@michigan.gov](mailto:bhphelp@michigan.gov) or online at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).
7. Applicants educated outside of the United States or Canada who have either not taken the NCLEX for licensure in another state or who have not been licensed in another state for at least five years must be certified by the Commission on Graduates of Foreign Nursing Schools (CGFNS). Please contact CGFNS at 3600 Market Street, Philadelphia, PA 19104-2651, telephone (215) 349-8767, or at their website [www.cgfns.org](http://www.cgfns.org) to request an application for the CGFNS Certification Program. **VERIFICATION OF YOUR CGFNS CERTIFICATION MUST BE FORWARDED TO THIS OFFICE DIRECTLY FROM CGFNS.**

8. You must complete the NCLEX Examination Application and submit it to Pearson Professional Testing (PPT) by either using the address shown on the form or calling PPT at 1-866-496-2539. You may also register for the NCLEX examination on the Internet at [www.vue.com/nclex](http://www.vue.com/nclex). The NCLEX Bulletin can be downloaded at [www.ncsbn.org](http://www.ncsbn.org). You will be sent an Authorization to Test by PPT along with instructions for scheduling your testing appointment **after** you have been made eligible to take the test by the Michigan Board of Nursing. Once you have received your Authorization to Test, you must sit for the examination within 90 days.
9. Passing letters will not be mailed to those who have passed the examination. If you receive a license, you have passed the examination. Those who are not successful will receive a breakdown of scores.

## **GENERAL INFORMATION**

1. ***If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. Also, we require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your nursing program that describes what types of accommodations were provided to you during your education. These documents need to be submitted at the same time you send in this license application, if not earlier, to: DCH, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***
2. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes before the exam date, notify the Board of Social Work in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, Application Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
3. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing in writing to request a refund.
4. You must apply for and obtain a Michigan nurse specialist license in order to practice as a nurse specialist in Michigan.
5. Applicants for a Michigan RN license who were educated in the United States must take the NCLEX-RN within 2 years of graduation from an approved RN program. Applicants must pass the NCLEX-RN within 12 months of his or her first attempt at the test in Michigan or any other state. If the NCLEX-RN is not passed after 3 attempts within this 12-month period, the applicant must complete an approved RN educational program, refresher course or exam review course. After completing the educational program or course, the applicant may take the examination 3 more times. An applicant has a maximum total of 6 attempts to pass the NCLEX-RN.

## **CANADIAN APPLICANTS**

### **FULL RN LICENSE**

Applicants for a Michigan RN license who have graduated from an approved Canadian educational program that was taught in English and who have an active Canadian RN license with no disciplinary sanctions will be made eligible to take the NCLEX examination. CGFNS certification is not required for these individuals before taking the NCLEX examination. Before you will be made eligible for the NCLEX, the Michigan Board must receive:

- a. transcripts of your nursing education sent to our office directly from the school.
- b. current verification of your Canadian license sent directly to this office from the Canadian licensing agency.

## **TEMPORARY RN LICENSE (FOR CANADIAN RN'S ONLY)**

1. Until January 1, 2007, a registered nurse temporary license is available to individuals who are currently licensed as a registered nurse in the Dominion of Canada.
2. You will be required to take and pass the National Council Licensure Examination (NCLEX-RN) in order to obtain a full, permanent license. You will be made eligible to take the NCLEX-RN as soon as your temporary license is issued.
3. The temporary license is valid for no more than one year. If you fail the NCLEX-RN, your temporary license is no longer valid. If you have already failed this examination, you do not qualify for the Michigan temporary license.
4. To obtain a temporary license, please submit the following:
  - a. Complete license application and appropriate fee.
  - b. Current verification of your Canadian license sent directly to this office from your Canadian licensing agency.
5. In order to obtain a full license, you are also required to provide either:
  - a. final, official transcripts that are sent to our office directly from your Canadian nursing program that was taught in English; **OR**
  - b. CGFNS certification sent to our office directly from CGFNS if your nursing program was located outside of Canada or not taught in English.

## **GENERAL INFORMATION**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Nursing in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing in writing to request a refund.

SINCE ALL NURSING LICENSES EXPIRE ON MARCH 31, ORIGINAL LICENSES ARE VALID TO THE FIRST MARCH 31 WHICH MAY BE A YEAR OR LESS; SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.

Michigan Department of Community Health  
**Board of Nursing**  
P.O. Box 30193  
Lansing, MI 48909  
(517) 335-0918

# APPLICATION FOR REGISTERED NURSE LICENSE

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

Board Use Only

License Number

Date of Temporary Licensure

Date of Licensure

## Type or Print Only

### I AM APPLYING FOR THE FOLLOWING:

- ☐ License by Examination - Fee: \$48.00 71-4704-156
- ☐ License by Examination and Temporary License (Canadian Licensees Only)  
Fee: \$58.00 71-4704-156 and 71-4707-04

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Phone Number (      )
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, list Michigan Permanent I.D./License Number and Expiration Date: _____		
School of Nursing	City and State	School Code    Date of Completion

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

- |   |  |
|---|--|
| 1. Have you ever been convicted of a felony?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you been treated for substance abuse in the past 2 years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Name			
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever applied for or written an R.N. Exam in another U.S. Jurisdiction?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever filed an R.N. or P.N. application in Michigan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you hold or have you held a <b>permanent</b> RN license or registration in any state? If yes, list each state, the license or registration number, the date issued, and how the license was obtained (either endorsement or examination). <b>DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office.</b> (Attach additional sheets if necessary.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
State	Permanent License Number	Date of Issue	How obtained (Endorsement or Examination)

**CERTIFICATION**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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**AFFIDAVIT FOR CANADIAN LICENSEES  
SEEKING MICHIGAN TEMPORARY LICENSURE**

A registered nurse temporary license is available to individuals who are currently licensed as a registered nurse in the Dominion of Canada. This license is valid for one year from the date of issue or until failure of the National Council Licensure Examination (NCLEX-RN). If you have already failed this examination, you do not qualify for the Michigan temporary license.

Sign this affidavit if you are a Canadian Registered Nurse and are seeking temporary licensure in Michigan.

I, \_\_\_\_\_, certify that I have not failed the NCLEX-RN examination prior to applying for a Registered Nurse Temporary License in Michigan.

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Signature of Applicant

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Date of Signature

## Michigan Department of Community Health

## Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary

First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.